

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA
2001/02
FORM **460**

Page 1 of 75

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 01/01/2018
through 03/31/2018

Date of election if applicable:
(Month, Day, Year)

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- | | |
|---|--|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee <input type="radio"/> State Candidate Election Committee <input type="radio"/> Recall (Also Complete Part 5.) | <input checked="" type="checkbox"/> Ballot Measure Committee <input checked="" type="radio"/> Primary Formed <input type="radio"/> Controlled <input checked="" type="radio"/> Sponsored (Also Complete Part 6.) |
| <input type="checkbox"/> General Purpose Committee <input type="radio"/> Sponsored <input type="radio"/> Small Contributor Committee <input type="radio"/> Political Party/Central Committee | <input type="checkbox"/> Primary Formed Candidate/ Officeholder Committee (Also Complete Part 7.) |

2. Type of Statement:

- | | |
|---|---|
| <input type="checkbox"/> Pre-election Statement <input type="checkbox"/> Semi-annual Statement <input type="checkbox"/> Termination Statement <input type="checkbox"/> Amendment (Explain below) | <input checked="" type="checkbox"/> Quarterly Statement <input type="checkbox"/> Special Odd-Year Report <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
|---|---|

3. Committee Information

I.D. NUMBER
1399958

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Coalition for Affordable Housing. Sponsored by AIDS Healthcare Foundation and ACCE Action.

STREET ADDRESS (NO P.O. BOX)

| | | | |
|-------------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| Los Angeles | CA | 90024 | (310) 576-1233 |

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

OPTIONAL: FAX/E-MAIL ADDRESS
(310) 319-0156 / bpalmer@strumwooch.com

Treasurer(s)

NAME OF TREASURER
Beverly Grossman Palmer

MAILING ADDRESS

| | | | |
|-------------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| Los Angeles | CA | 90024 | (310) 576-1233 |

NAME OF ASSISTANT TREASURER, IF ANY
Fredric Woocher

MAILING ADDRESS

| | | | |
|-------------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| Los Angeles | CA | 90024 | (310) 576-1233 |

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

| | |
|---------------------------------------|--|
| Executed on <u>04/30/2018</u> DATE | By <u>Beverly Grossman Palmer</u> SIGNATURE OF TREASURER OR ASSISTANT TREASURER |
| Executed on <u>04/30/2018</u> DATE | By <u>Michael Weinstein</u> SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR |
| Executed on <u>04/30/2018</u> DATE | By <u>Christina Livingston</u> SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT |
| Executed on <u>04/30/2018</u> DATE | By <u>Elena Popp</u> SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT |

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

Recipient Committee Campaign Statement Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

| COMMITTEE NAME | I.D. NUMBER |
|----------------|-------------|
|----------------|-------------|

| | |
|-------------------|---|
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
|-------------------|---|

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

| COMMITTEE NAME | I.D. NUMBER |
|----------------|-------------|
|----------------|-------------|

| | |
|-------------------|---|
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
|-------------------|---|

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

Affordable Housing Act (A.G. No. 17-0041)

BALLOT NO. OR LETTER

JURISDICTION

Statewide

☒ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

Michael Weinstein

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |

Attach continuation sheets if necessary

Recipient Committee Campaign Statement Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

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FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

Christina Livingston

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Recipient Committee
Campaign Statement
Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

| COMMITTEE NAME | I.D. NUMBER |
|----------------|-------------|
|----------------|-------------|

| | |
|-------------------|---|
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
|-------------------|---|

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

| COMMITTEE NAME | I.D. NUMBER |
|----------------|-------------|
|----------------|-------------|

| | |
|-------------------|---|
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
|-------------------|---|

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|----------------------|--------------|---|
|----------------------|--------------|---|

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

Elena Popp

| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY |
|-----------------------|---------------------|
|-----------------------|---------------------|

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|
|-----------------------------------|-----------------------|---|

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | |
|--|---|
| Statement covers period from 01/01/2018 through 03/31/2018 | CALIFORNIA FORM 460 Page 5 of 75 I.D. NUMBER 1399958 |
|--|---|

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Coalition for Affordable Housing. Sponsored by AIDS Healthcare Foundation and ACCE Action.

Contributions Received

| | | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---------------------------------------|--------------------|--|--|
| 1. Monetary Contributions | Schedule A, Line 3 | \$1,380,000.00 | \$1,380,000.00 |
| 2. Loans Received | Schedule B, Line 7 | \$0.00 | \$0.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS | Add Lines 1 + 2 | \$1,380,000.00 | \$1,380,000.00 |
| 4. Nonmonetary Contributions | Schedule C, Line 3 | \$70,491.29 | \$70,491.29 |
| 5. TOTAL CONTRIBUTIONS RECEIVED | Add Lines 3 + 4 | \$1,450,491.29 | \$1,450,491.29 |

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

| | 1/1 through 6/30 | 7/1 to Date |
|---------------------------|------------------|-------------|
| 20. Contribution Received | \$0.00 | \$0.00 |
| 21. Expenditures Made | \$0.00 | \$0.00 |

Expenditures Made

| | | | |
|--|----------------------|----------------|----------------|
| 6. Payments Made | Schedule E, Line 4 | \$1,511,568.59 | \$1,511,568.59 |
| 7. Loans Made | Schedule H, Line 7 | \$0.00 | \$0.00 |
| 8. SUBTOTAL CASH PAYMENTS | Add Lines 6 + 7 | \$1,511,568.59 | \$1,511,568.59 |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3 | \$151,269.88 | \$153,269.88 |
| 10. Nonmonetary Adjustment | Schedule C, Line 3 | \$70,491.29 | \$70,491.29 |
| 11. TOTAL EXPENDITURES MADE | Add Lines 8 + 9 + 10 | \$1,733,329.76 | \$1,735,329.76 |

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

| Date of Election (mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Current Cash Statement

| | | | |
|---|---|----------------|--|
| 12. Beginning Cash Balance | Previous Summary Page, Line 16 | \$175,010.00 | To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any). |
| 13. Cash Receipts | Column A, Line 3 above | \$1,380,000.00 | |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 | \$0.00 | |
| 15. Cash Payments | Column A, Line 8 above | \$1,511,568.59 | |
| 16. ENDING CASH BALANCE | Add Lines 12 + 13 + 14, then subtract Line 15 | \$43,441.41 | |
| If this is a termination statement, Line 16 must be zero. | | | |

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$0.00

Cash Equivalents and Outstanding Debts

| | | |
|-----------------------------|---------------------------------------|--------------|
| 18. Cash Equivalents | See instructions on reverse | \$0.00 |
| 19. Outstanding Debts | Add Line 2 + Line 9 in Column B above | \$153,269.88 |

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A

Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

| | | |
|---|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2018 | |
| through | 03/31/2018 | Page 6 of 75 |
| NAME OF FILER Coalition for Affordable Housing. Sponsored by AIDS Healthcare Foundation and ACCE Action. | | I.D. Number 1399958 |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 1/24/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$250,000.00 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 2/1/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$150,000.00 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 2/8/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$170,000.00 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 2/15/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$125,000.00 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 2/23/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$195,000.00 | \$1,450,491.29 | 2018G: \$1,625,491.29 |

SUBTOTAL

Schedule A Summary

| | |
|---|-----------------------------|
| 1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.) | \$1,380,000.00 |
| 2. Amount received this period - unitemized contributions of less than \$100 | \$0.00 |
| 3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) | TOTAL \$1,380,000.00 |

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|---|--|----------------------------|
| Statement covers period from <u>01/01/2018</u> | | CALIFORNIA FORM 460 |
| through <u>03/31/2018</u> | | |
| | | Page <u>7</u> of <u>75</u> |
| NAME OF FILER Coalition for Affordable Housing. Sponsored by AIDS Healthcare Foundation and ACCE Action. | | I.D. Number 1399958 |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 3/1/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$120,000.00 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 3/12/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$135,000.00 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 3/16/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$115,000.00 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 3/26/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$120,000.00 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| SUBTOTAL | | | | \$1,380,000.00 | | |

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 01/01/2018
through 03/31/2018

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Coalition for Affordable Housing. Sponsored by AIDS Healthcare Foundation and ACCE Action.

I.D. NUMBER

1399958

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT RECEIVED THIS PERIOD | (c) AMOUNT PAID OR FORGIVEN THIS PERIOD* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
|--|---|---|--|--|---|--|--------------------------------------|---|
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | | _____% RATE | | CALENDAR YEAR PER ELECTION** |
| | | | | | DATE DUE | | DATE INCURRED | |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | | _____% RATE | | CALENDAR YEAR PER ELECTION** |
| | | | | | DATE DUE | | DATE INCURRED | |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | | _____% RATE | | CALENDAR YEAR PER ELECTION** |
| | | | | | DATE DUE | | DATE INCURRED | |

SUBTOTALS

Schedule B Summary

1. Loans received this period. _____

(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period _____

(Total Column (c) plus loans under \$100 paid or forgiven.)

(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) _____ **Net** _____

Enter the net here and on the Summary Page, Column A, Line 2.

(may be a negative number)

(Enter (e) on
Schedule E, Line 3)

* Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B - Part 2
Loan Guarantors

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

| | |
|--|----------------------------|
| Statement covers period from 01/01/2018 through 03/31/2018 | CALIFORNIA FORM 460 |
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| I.D. Number 1399958 | |

| |
|---|
| SEE INSTRUCTIONS ON REVERSE |
| NAME OF FILER Coalition for Affordable Housing. Sponsored by AIDS Healthcare Foundation and ACCE Action. |

| FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | LOAN | AMOUNT GUARANTEED THIS PERIOD | CUMULATIVE TO DATE | BALANCE OUTSTANDING TO DATE |
|---|--|---|--------------------|-------------------------------|---|-----------------------------|
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER DATE | | CALENDAR YEAR PER ELECTION (IF REQUIRED) | |
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER DATE | | CALENDAR YEAR PER ELECTION (IF REQUIRED) | |
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER DATE | | CALENDAR YEAR PER ELECTION (IF REQUIRED) | |
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER DATE | | CALENDAR YEAR PER ELECTION (IF REQUIRED) | |
| SUBTOTAL | | | | | Enter on Summary Page, Line 17 only. | |

Schedule C Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period
from 01/01/2018
through 03/31/2018

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Coalition for Affordable Housing. Sponsored by AIDS Healthcare Foundation and ACCE Action.

I.D. Number
1399958

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---|--|--|--|----------------------------------|-----------------------------|---|------------------------------------|
| 1/31/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON232 | <div><input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div> | | Bus to Sac Hearing | \$2,500.00 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 1/30/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON233 | <div><input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div> | | Staff salary | \$6,400.00 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 2/1/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON234 | <div><input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div> | | Staff salary | \$6,400.00 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 1/31/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON235 | <div><input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div> | | Staff salary | \$3,400.00 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| Attach additional information on appropriately labeled continuation sheets. | | | | | SUBTOTAL \$70,491.29 | | |

Schedule C Summary

| | |
|--|--------------------------|
| 1. Amount received this period - nonmonetary contributions of \$100 or more. (Include all Schedule C subtotals.)..... | \$70,491.29 |
| 2. Amount received this period - unitemized nonmonetary contributions of less than \$100 | \$0.00 |
| 3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) | TOTAL \$70,491.29 |

*Contributor Codes
IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period
from 01/01/2018
through 03/31/2018

CALIFORNIA FORM 460
Page 11 of 75

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Coalition for Affordable Housing. Sponsored by AIDS Healthcare Foundation and ACCE Action.

I.D. Number
1399958

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---|--|--|--|---|---------------------------|---|------------------------------------|
| 3/31/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON236 | <div><input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div> | | Staff salary | \$6,400.00 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 2/28/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON237 | <div><input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div> | | Staff salary | \$3,400.00 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 3/31/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON238 | <div><input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div> | | CA Dem Conv Mobile electronic billboard | \$4,350.00 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 2/25/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON239 | <div><input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div> | | AHA CA Dem Conv Food for mobilizers | \$1,142.31 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| Attach additional information on appropriately labeled continuation sheets. | | | | | SUBTOTAL | | |

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

*Contributor Codes
IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period
from 01/01/2018
through 03/31/2018

CALIFORNIA
FORM **460**

Page 12 of 75

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Coalition for Affordable Housing. Sponsored by AIDS Healthcare Foundation and ACCE Action.

I.D. Number
1399958

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|--|---|--|-------------------------------------|---------------------------|---|------------------------------------|
| 2/23/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON240 | <div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div> | | AHA CA Dem Conv Food for mobilizers | \$141.35 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 2/23/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON241 | <div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div> | | AHA CA Dem Conv Food for mobilizers | \$966.17 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 2/23/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON242 | <div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div> | | AHA CA Dem Conv Food for mobilizers | \$642.85 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 2/24/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON243 | <div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div> | | AHA CA Dem Conv Transportation | \$8.25 | \$1,450,491.29 | 2018G: \$1,625,491.29 |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.

(Include all Schedule C subtotals.).....

2. Amount received this period - unitemized nonmonetary contributions of less than \$100

3. Total nonmonetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

*Contributor Codes

IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period
from 01/01/2018
through 03/31/2018

CALIFORNIA
FORM **460**

Page 13 of 75

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Coalition for Affordable Housing. Sponsored by AIDS Healthcare Foundation and ACCE Action.

I.D. Number
1399958

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|--|--|--|-------------------------------------|---------------------------|---|------------------------------------|
| 2/24/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON244 | <div><input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div> | | AHA CA Dem Conv Transportation | \$8.25 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 2/25/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON245 | <div><input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div> | | AHA CA Dem Conv Transportation | \$8.25 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 2/25/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON246 | <div><input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div> | | AHA CA Dem Conv Food for mobilizers | \$186.42 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 2/26/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON247 | <div><input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div> | | AHA CA Dem Conv Food for mobilizers | \$64.53 | \$1,450,491.29 | 2018G: \$1,625,491.29 |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
2. Amount received this period - unitemized nonmonetary contributions of less than \$100
3. Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

*Contributor Codes
IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

| | |
|--|----------------------------|
| Statement covers period from 01/01/2018 through 03/31/2018 | CALIFORNIA FORM 460 |
| Page 14 of 75 | I.D. Number 1399958 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Coalition for Affordable Housing. Sponsored by AIDS Healthcare Foundation and ACCE Action.

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|--|--|--|---|---------------------------|---|------------------------------------|
| 2/26/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON248 | <div><div></div><div>IND</div><div><div></div></div><div>COM</div><div><div></div></div><div>OTH</div><div><div></div></div><div>PTY</div><div><div></div></div><div>SCC</div></div> | | AHA CA Dem Conv Food for mobilizers | \$51.45 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 2/25/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON249 | <div><div></div><div>IND</div><div><div></div></div><div>COM</div><div><div></div></div><div>OTH</div><div><div></div></div><div>PTY</div><div><div></div></div><div>SCC</div></div> | | AHA CA Dem Conv Public Transport for mobilizers | \$40.00 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 2/5/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON250 | <div><div></div><div>IND</div><div><div></div></div><div>COM</div><div><div></div></div><div>OTH</div><div><div></div></div><div>PTY</div><div><div></div></div><div>SCC</div></div> | | AHA Office Supplies | \$40.70 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 2/17/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON251 | <div><div></div><div>IND</div><div><div></div></div><div>COM</div><div><div></div></div><div>OTH</div><div><div></div></div><div>PTY</div><div><div></div></div><div>SCC</div></div> | | AHA Sig Gathering Launch Mtg | \$509.95 | \$1,450,491.29 | 2018G: \$1,625,491.29 |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

*Contributor Codes
IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule C Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period
from 01/01/2018
through 03/31/2018

CALIFORNIA FORM 460
Page 15 of 75

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Coalition for Affordable Housing. Sponsored by AIDS Healthcare Foundation and ACCE Action.

I.D. Number
1399958

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---|--|--|--|--------------------------------------|---------------------------|---|------------------------------------|
| 2/17/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON252 | <div><div></div><div>IND</div><div><div></div>COM</div><div><div></div>OTH</div><div><div></div>PTY</div><div><div></div>SCC</div></div> | | AHA Sig Gathering Launch Mtg | \$318.64 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 2/20/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON253 | <div><div></div><div>IND</div><div><div></div>COM</div><div><div></div>OTH</div><div><div></div>PTY</div><div><div></div>SCC</div></div> | | AHA CA Dem Conv Rental van insurance | \$60.00 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 2/21/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON254 | <div><div></div><div>IND</div><div><div></div>COM</div><div><div></div>OTH</div><div><div></div>PTY</div><div><div></div>SCC</div></div> | | AHA CA Dem Conv Rental van gas | \$79.53 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 2/21/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON255 | <div><div></div><div>IND</div><div><div></div>COM</div><div><div></div>OTH</div><div><div></div>PTY</div><div><div></div>SCC</div></div> | | AHA CA Dem Conv Mobile hotspots | \$82.13 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| Attach additional information on appropriately labeled continuation sheets. | | | | | SUBTOTAL | | |

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

*Contributor Codes
IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

| | |
|--|----------------------------|
| Statement covers period from 01/01/2018 through 03/31/2018 | CALIFORNIA FORM 460 |
| | Page 16 of 75 |
| I.D. Number 1399958 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Coalition for Affordable Housing. Sponsored by AIDS Healthcare Foundation and ACCE Action.

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|--|---|--|---|---------------------------|---|------------------------------------|
| 2/22/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON256 | <div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div> | | AHA CA Dem Conv Lodging Mobilizers & Team | \$2,475.00 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 2/23/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON257 | <div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div> | | AHA CA Dem Conv Supplies | \$31.85 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 2/23/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON258 | <div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div> | | AHA CA Dem Conv Supplies | \$22.61 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 2/23/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON259 | <div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div> | | AHA CA Dem Conv Office supplies/office | \$31.95 | \$1,450,491.29 | 2018G: \$1,625,491.29 |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

*Contributor Codes
IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period
from 01/01/2018
through 03/31/2018

CALIFORNIA FORM 460
Page 17 of 75

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Coalition for Affordable Housing. Sponsored by AIDS Healthcare Foundation and ACCE Action.

I.D. Number
1399958

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|--|--|--|--|---------------------------|---|------------------------------------|
| 2/23/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON260 | <div><input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div> | | Lodging SD Action | \$90.05 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 2/23/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON261 | <div><input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div> | | AHA CA Dem Conv Parking toll & fuel | \$49.00 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 2/23/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON262 | <div><input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div> | | AHA CA Dem Conv Supplies | \$17.22 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 2/24/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON263 | <div><input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div> | | AHA CA Dem Conv Gas rental van | \$64.61 | \$1,450,491.29 | 2018G: \$1,625,491.29 |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

*Contributor Codes
IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

| | |
|--|----------------------------|
| Statement covers period from 01/01/2018 through 03/31/2018 | CALIFORNIA FORM 460 |
| Page 18 of 75 | I.D. Number 1399958 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Coalition for Affordable Housing. Sponsored by AIDS Healthcare Foundation and ACCE Action.

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|--|---|--|-------------------------------------|---------------------------|---|------------------------------------|
| 2/24/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON264 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | AHA CA Dem Conv Food for mobilizers | \$4.30 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 2/24/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON265 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | AHA CA Dem Conv Food for mobilizers | \$419.42 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 2/24/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON266 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | AHA CA Dem Conv Food for mobilizers | \$4.30 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 2/24/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON267 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | AHA CA Dem Conv Gas rental van | \$64.61 | \$1,450,491.29 | 2018G: \$1,625,491.29 |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

*Contributor Codes
IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule C Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

| | |
|--|----------------------------|
| Statement covers period from 01/01/2018 through 03/31/2018 | CALIFORNIA FORM 460 |
| Page 19 of 75 | I.D. Number 1399958 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Coalition for Affordable Housing. Sponsored by AIDS Healthcare Foundation and ACCE Action.

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|--|---|--|--|---------------------------|---|------------------------------------|
| 2/24/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON268 | <div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div> | | AHA CA Dem Conv Parking | \$15.00 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 2/24/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON269 | <div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div> | | AHA CA Dem Conv Parking | \$15.00 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 2/25/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON270 | <div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div> | | AHA CA Dem Conv Hotel room/Staging loc | \$1,528.08 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 2/26/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON271 | <div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div> | | AHA CA Dem Conv Van rental | \$468.42 | \$1,450,491.29 | 2018G: \$1,625,491.29 |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

*Contributor Codes
IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

| | |
|--|----------------------------|
| Statement covers period from 01/01/2018 through 03/31/2018 | CALIFORNIA FORM 460 |
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Coalition for Affordable Housing. Sponsored by AIDS Healthcare Foundation and ACCE Action.

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---|--|--|--|--|---------------------------|---|------------------------------------|
| 2/26/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON272 | <div><input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div> | | AHA CA Dem Conv Van gas | \$10.14 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 2/28/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON273 | <div><input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div> | | AHA CA Dem Conv Shipping Equip to San Diego ACCE | \$119.11 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 3/9/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON274 | <div><input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div> | | AHA CA Dem Conv Lodging Mobilizers & Team | \$7,370.00 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 2/16/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON275 | <div><input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div> | | AHA Sig Gathering Launch Supplies | \$241.00 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| Attach additional information on appropriately labeled continuation sheets. | | | | | SUBTOTAL | | |

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

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(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

| | |
|--|----------------------------|
| Statement covers period from 01/01/2018 through 03/31/2018 | CALIFORNIA FORM 460 |
| | Page 21 of 75 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Coalition for Affordable Housing. Sponsored by AIDS Healthcare Foundation and ACCE Action.

I.D. Number
1399958

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|--|--|--|------------------------------------|---------------------------|---|------------------------------------|
| 2/21/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON276 | <div><input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div> | | AHA CA Dem Conv Team dinner | \$87.00 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 2/22/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON277 | <div><input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div> | | AHA CA Dem Conv Team dinner | \$240.00 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 2/22/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON278 | <div><input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div> | | AHA CA Dem Conv Campaign materials | \$1,910.00 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 2/22/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON279 | <div><input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div> | | AHA CA Dem Conv Coffee | \$14.00 | \$1,450,491.29 | 2018G: \$1,625,491.29 |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

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(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

| | |
|--|----------------------------|
| Statement covers period from 01/01/2018 through 03/31/2018 | CALIFORNIA FORM 460 |
| | Page 22 of 75 |
| I.D. Number 1399958 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Coalition for Affordable Housing. Sponsored by AIDS Healthcare Foundation and ACCE Action.

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|--|---|--|--|---------------------------|---|------------------------------------|
| 2/22/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON280 | <div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div> | | AHA CA Dem Conv Lodging Mobilizers & Team | \$2,475.00 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 2/23/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON281 | <div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div> | | AHA CA Dem Conv Parking | \$15.00 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 2/23/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON282 | <div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div> | | AHA CA Dem Conv Supplies | \$87.00 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 2/23/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON283 | <div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div> | | AHA CA Dem Conv Supplies | \$488.00 | \$1,450,491.29 | 2018G: \$1,625,491.29 |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
2. Amount received this period - unitemized nonmonetary contributions of less than \$100
3. Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

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COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule C Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

| | |
|--|----------------------------|
| Statement covers period from 01/01/2018 through 03/31/2018 | CALIFORNIA FORM 460 |
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Coalition for Affordable Housing. Sponsored by AIDS Healthcare Foundation and ACCE Action.

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|--|---|--|-------------------------------------|---------------------------|---|------------------------------------|
| 2/23/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON284 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | AHA CA Dem Conv Supplies | \$58.00 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 2/24/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON285 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | AHA CA Dem Conv Coffee | \$94.00 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 2/24/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON286 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | AHA CA Dem Conv Team meal | \$19.00 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 2/24/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON287 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | AHA CA Dem Conv Food for mobilizers | \$228.00 | \$1,450,491.29 | 2018G: \$1,625,491.29 |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

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(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule C Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

| | |
|--|----------------------------|
| Statement covers period from 01/01/2018 through 03/31/2018 | CALIFORNIA FORM 460 |
| Page 24 of 75 | I.D. Number 1399958 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Coalition for Affordable Housing. Sponsored by AIDS Healthcare Foundation and ACCE Action.

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---|--|---|--|-------------------------------------|---------------------------|---|------------------------------------|
| 2/24/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON288 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | AHA CA Dem Conv Supplies | \$121.00 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 2/24/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON289 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | AHA CA Dem Conv Supplies | \$32.00 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 2/25/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON290 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | AHA CA Dem Conv Gas | \$49.00 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 2/25/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON291 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | AHA CA Dem Conv Food for mobilizers | \$467.00 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| Attach additional information on appropriately labeled continuation sheets. | | | | | SUBTOTAL | | |

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

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IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule C Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

| | |
|--|----------------------------|
| Statement covers period from 01/01/2018 through 03/31/2018 | CALIFORNIA FORM 460 |
| Page 25 of 75 | I.D. Number 1399958 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Coalition for Affordable Housing. Sponsored by AIDS Healthcare Foundation and ACCE Action.

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---|--|---|--|----------------------------------|---------------------------|---|------------------------------------|
| 1/8/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON292 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | AHA Lodging Sacramento | \$237.46 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 1/8/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON293 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | AHA Email outreach | \$702.00 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 1/8/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON294 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | AHA Travel Sacramento | \$267.96 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 1/10/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON295 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | AHA Travel Los Angeles | \$17.82 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| Attach additional information on appropriately labeled continuation sheets. | | | | | SUBTOTAL | | |

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

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(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period

from 01/01/2018

through 03/31/2018

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Coalition for Affordable Housing. Sponsored by AIDS Healthcare Foundation and ACCE Action.

I.D. Number
1399958

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|--|--|--|----------------------------------|---------------------------|---|------------------------------------|
| 1/10/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON296 | <div><div></div><div>IND</div><div><div></div></div><div>COM</div><div><div></div></div><div>OTH</div><div><div></div></div><div>PTY</div><div><div></div></div><div>SCC</div></div> | | AHA Travel Los Angeles | \$5.78 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 1/10/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON297 | <div><div></div><div>IND</div><div><div></div></div><div>COM</div><div><div></div></div><div>OTH</div><div><div></div></div><div>PTY</div><div><div></div></div><div>SCC</div></div> | | AHA Travel tip | \$1.00 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 1/10/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON298 | <div><div></div><div>IND</div><div><div></div></div><div>COM</div><div><div></div></div><div>OTH</div><div><div></div></div><div>PTY</div><div><div></div></div><div>SCC</div></div> | | AHA Travel tip | \$1.00 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 1/11/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON299 | <div><div></div><div>IND</div><div><div></div></div><div>COM</div><div><div></div></div><div>OTH</div><div><div></div></div><div>PTY</div><div><div></div></div><div>SCC</div></div> | | AHA Food Sacramento | \$9.05 | \$1,450,491.29 | 2018G: \$1,625,491.29 |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.

(Include all Schedule C subtotals.).....

2. Amount received this period - unitemized nonmonetary contributions of less than \$100

3. Total nonmonetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

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OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule C Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

| | |
|--|----------------------------|
| Statement covers period from 01/01/2018 through 03/31/2018 | CALIFORNIA FORM 460 |
| Page 27 of 75 | I.D. Number 1399958 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Coalition for Affordable Housing. Sponsored by AIDS Healthcare Foundation and ACCE Action.

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---|--|---|--|----------------------------------|---------------------------|---|------------------------------------|
| 1/11/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON300 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | AHA Food Sacramento | \$90.00 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 1/11/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON301 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | AHA Food Sacramento | \$3.50 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 1/12/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON302 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | AHA Travel Sacramento | \$19.20 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 1/12/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON303 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | AHA Food Sacramento | \$14.52 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| Attach additional information on appropriately labeled continuation sheets. | | | | | SUBTOTAL | | |

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
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- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

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PTY - Political Party
SCC - Small Contributor Committee

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period

from 01/01/2018

through 03/31/2018

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FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Coalition for Affordable Housing. Sponsored by AIDS Healthcare Foundation and ACCE Action.

I.D. Number
1399958

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|--|--|--|----------------------------------|---------------------------|---|------------------------------------|
| 1/21/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON304 | <div><input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div> | | Travel Parking | \$20.00 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 2/2/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON305 | <div><input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div> | | Office and tech related | \$23.88 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 2/18/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON306 | <div><input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div> | | AHA Food | \$90.00 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 2/23/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON307 | <div><input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div> | | AHA CA Dem Conv Food | \$10.21 | \$1,450,491.29 | 2018G: \$1,625,491.29 |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.

(Include all Schedule C subtotals.).....

2. Amount received this period - unitemized nonmonetary contributions of less than \$100

3. Total nonmonetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

*Contributor Codes

IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

| | |
|--|--|
| Statement covers period from 01/01/2018 through 03/31/2018 | CALIFORNIA FORM 460 Page 29 of 75 I.D. Number 1399958 |
|--|--|

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Coalition for Affordable Housing. Sponsored by AIDS Healthcare Foundation and ACCE Action.

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|--|--|--|----------------------------------|---------------------------|---|------------------------------------|
| 2/25/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON308 | <div><div></div><div>IND</div><div></div><div>COM</div><div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div> | | AHA CA Dem Conv Tech Supplies | \$51.72 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 2/25/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON309 | <div><div></div><div>IND</div><div></div><div>COM</div><div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div> | | AHA CA Dem Conv Food | \$55.00 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 1/16/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON31 | <div><div></div><div>IND</div><div></div><div>COM</div><div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div> | | Billboards | \$900.00 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 2/27/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON310 | <div><div></div><div>IND</div><div></div><div>COM</div><div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div> | | AHA CA Dem Conv Food | \$28.00 | \$1,450,491.29 | 2018G: \$1,625,491.29 |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

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(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

| | |
|--|----------------------------|
| Statement covers period from 01/01/2018 through 03/31/2018 | CALIFORNIA FORM 460 |
| Page 30 of 75 | I.D. Number 1399958 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Coalition for Affordable Housing. Sponsored by AIDS Healthcare Foundation and ACCE Action.

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|--|---|--|----------------------------------|---------------------------|---|------------------------------------|
| 2/28/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON311 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | Meetings | \$85.00 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 2/28/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON312 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | AHA Meetings | \$9.00 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 3/1/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON313 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | Office and supplies | \$13.14 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 3/2/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON314 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | Office and supplies | \$0.99 | \$1,450,491.29 | 2018G: \$1,625,491.29 |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

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COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period
from 01/01/2018
through 03/31/2018

CALIFORNIA FORM 460
Page 31 of 75

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Coalition for Affordable Housing. Sponsored by AIDS Healthcare Foundation and ACCE Action.

I.D. Number
1399958

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---|--|--|--|----------------------------------|---------------------------|---|------------------------------------|
| 3/14/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON315 | <div><div></div><div>IND</div><div><div></div></div><div>COM</div><div><div></div></div><div>OTH</div><div><div></div></div><div>PTY</div><div><div></div></div><div>SCC</div></div> | | AHA Meetings | \$24.00 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 3/16/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON316 | <div><div></div><div>IND</div><div><div></div></div><div>COM</div><div><div></div></div><div>OTH</div><div><div></div></div><div>PTY</div><div><div></div></div><div>SCC</div></div> | | AHA Next day mail | \$243.28 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 1/31/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON317 | <div><div></div><div>IND</div><div><div></div></div><div>COM</div><div><div></div></div><div>OTH</div><div><div></div></div><div>PTY</div><div><div></div></div><div>SCC</div></div> | | Staff salary | \$3,080.00 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 2/28/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON318 | <div><div></div><div>IND</div><div><div></div></div><div>COM</div><div><div></div></div><div>OTH</div><div><div></div></div><div>PTY</div><div><div></div></div><div>SCC</div></div> | | Staff salary | \$3,520.00 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| Attach additional information on appropriately labeled continuation sheets. | | | | | SUBTOTAL | | |

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

*Contributor Codes
IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule C Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

| | |
|--|----------------------------|
| Statement covers period from 01/01/2018 through 03/31/2018 | CALIFORNIA FORM 460 |
| Page 32 of 75 | I.D. Number 1399958 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Coalition for Affordable Housing. Sponsored by AIDS Healthcare Foundation and ACCE Action.

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---|--|---|--|----------------------------------|-----------------------------|---|------------------------------------|
| 3/31/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON319 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | Staff salary | \$3,080.00 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 1/19/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON32 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | Billboards | \$505.00 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| 1/21/2018 | AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON33 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | Billboards | \$756.33 | \$1,450,491.29 | 2018G: \$1,625,491.29 |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| Attach additional information on appropriately labeled continuation sheets. | | | | | SUBTOTAL \$70,491.29 | | |

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

*Contributor Codes
IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule D

Summary of Expenditures

Supporting/Opposing Other

Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

| | | | |
|-------------------------|------------|----------------------------|--|
| Statement covers period | | CALIFORNIA FORM 460 | |
| from | 01/01/2018 | | |
| through | 03/31/2018 | Page 33 of 75 | |
| | | I.D. NUMBER 1399958 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Coalition for Affordable Housing. Sponsored by AIDS Healthcare Foundation and ACCE Action.

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------|---|--|------------------------------|-----------------------|--|--|
| | | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| | | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| | | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)
- Unitemized contributions and independent expenditures made this period of under \$100
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL**

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

| | |
|--|----------------------------|
| Statement covers period from 01/01/2018 through 03/31/2018 | CALIFORNIA FORM 460 |
| Page 34 of 75 | I.D. NUMBER 1399958 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Coalition for Affordable Housing. Sponsored by AIDS Healthcare Foundation and ACCE Action.

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|-----------------------------|-------------|
| The Monaco Group Santa Ana, CA 92705 | PET | | Petition printing | \$6,881.82 |
| Teresa Chuc Pasadena, CA 91107 | | | Summarized five audio clips | \$120.00 |
| Paulina Olvera Canez San Ysidro, CA 92173 | | | Translation services | \$250.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E Summary

| | |
|--|-----------------------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) | \$1,511,568.59 |
| 2. Unitemized payments made this period of under \$100. | \$0.00 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$0.00 |
| 4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$1,511,568.59 |

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|-------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 01/01/2018 | | |
| through 03/31/2018 | | Page 35 of 75 |
| | | I.D. NUMBER 1399958 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Coalition for Affordable Housing. Sponsored by AIDS Healthcare Foundation and ACCE Action.

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|--|--------------|
| William Yelles Los Angeles, CA 90034 | WEB | | Technical services for building the Affordable Housing Act website | \$560.00 |
| Kristian James Castro Los Angeles, CA 90018 | | | Intern | \$800.00 |
| Huibin Amee Chew Los Angeles, CA 90029 | | | Health Impact Assessment | \$5,500.00 |
| The Monaco Group Santa Ana, CA 92705 | PET | | Petition printing | \$7,466.82 |
| AAP Holding Company, Inc. Westlake Village, CA 91361 | PET | | Petition circulating | \$165,005.75 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|---|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 01/01/2018 | | |
| through 03/31/2018 | | Page 36 of 75 |
| NAME OF FILER Coalition for Affordable Housing. Sponsored by AIDS Healthcare Foundation and ACCE Action. | | I.D. NUMBER 1399958 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|--------------|
| First Republic Bank Los Angeles, CA 90017 | OFC | | Wire transfer fee | \$35.00 |
| Abigail Willis Los Angeles, CA 90019 | | | Intern Monthly Stipend | \$800.00 |
| Joseph Paz Dominguez Alhambra, CA 91803 | | | Intern Monthly Stipend | \$800.00 |
| Huibin Amee Chew Los Angeles, CA 90029 | | | Reimbursement of costs | \$157.72 |
| AAP Holding Company, Inc. Westlake Village, CA 91361 | PET | | Petition circulating | \$114,010.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--|--|---|
| Statement covers period from 01/01/2018 through 03/31/2018 | | CALIFORNIA FORM 460 Page 37 of 75 |
| I.D. NUMBER 1399958 | | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Coalition for Affordable Housing. Sponsored by AIDS Healthcare Foundation and ACCE Action.

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|---|-------------|
| First Republic Bank Los Angeles, CA 90017 | OFC | | Wire transfer of AAP Inv. 9, \$114,010.00 | \$35.00 |
| AAP Holding Company, Inc. Westlake Village, CA 91361 | PET | | Petition circulating | \$52,663.00 |
| Hso Hkam Venice, CA 90291 | TEL | | Video production: Shoot and edit | \$500.00 |
| Aimee Ewell West Hills, CA 91307 | | | Administrative Assistant | \$3,250.00 |
| Arielle Sallai Los Angeles, CA 90026 | | | Reimbursement of costs | \$137.92 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--|--|---|
| Statement covers period from 01/01/2018 through 03/31/2018 | | CALIFORNIA FORM 460 Page 38 of 75 |
| I.D. NUMBER 1399958 | | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Coalition for Affordable Housing. Sponsored by AIDS Healthcare Foundation and ACCE Action.

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| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|---------------------------|--------------|
| Arielle Sallai Los Angeles, CA 90026 | | | Communications Specialist | \$3,400.00 |
| AAP Holding Company, Inc. Westlake Village, CA 91361 | PET | | Petition circulating | \$127,929.75 |
| First Republic Bank Los Angeles, CA 90017 | OFC | | Wire transfer fee | \$35.00 |
| First Republic Bank Los Angeles, CA 90017 | OFC | | Wire transfer fee | \$35.00 |
| AAP Holding Company, Inc. Westlake Village, CA 91361 | PET | | Petition circulating | \$112,355.75 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--|--|---|
| Statement covers period from 01/01/2018 through 03/31/2018 | | CALIFORNIA FORM 460 Page 39 of 75 |
| I.D. NUMBER 1399958 | | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Coalition for Affordable Housing. Sponsored by AIDS Healthcare Foundation and ACCE Action.

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|--|--------------|
| First Republic Bank Los Angeles, CA 90017 | OFC | | Wire transfer of AAP Inv. 11, \$112,355.75 | \$35.00 |
| AAP Holding Company, Inc. Westlake Village, CA 91361 | PET | | Petition circulating | \$106,440.75 |
| First Republic Bank Los Angeles, CA 90017 | OFC | | Wire transfer of AAP Inv.12, \$106,440.75 | \$35.00 |
| AAP Holding Company, Inc. Westlake Village, CA 91361 | PET | | Petition circulating | \$102,076.00 |
| First Republic Bank Los Angeles, CA 90017 | OFC | | Wire transfer fee | \$35.00 |

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
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to whole dollars.

SCHEDULE E (CONT.)

| | | |
|---|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 01/01/2018 | | |
| through 03/31/2018 | | Page 40 of 75 |
| NAME OF FILER Coalition for Affordable Housing. Sponsored by AIDS Healthcare Foundation and ACCE Action. | | I.D. NUMBER 1399958 |

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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|--------------------------|--------------|
| AAP Holding Company, Inc. Westlake Village, CA 91361 | PET | | Petition circulating | \$101,322.00 |
| Alliance of Californians for Community Empowerment Oakland, CA 94601 | PET | | Petition circulating | \$50,000.00 |
| AAP Holding Company, Inc. Westlake Village, CA 91361 | PET | | Petition circulating | \$100,000.00 |
| First Republic Bank Los Angeles, CA 90017 | OFC | | Wire transfer fee | \$35.00 |
| Huibin Amee Chew Los Angeles, CA 90029 | | | Health Impact Assessment | \$5,500.00 |

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

SCHEDULE E (CONT.)

| | | |
|-------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 01/01/2018 | | |
| through 03/31/2018 | | Page 41 of 75 |
| | | I.D. NUMBER 1399958 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Coalition for Affordable Housing. Sponsored by AIDS Healthcare Foundation and ACCE Action.

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|---|------|----|------------------------|--------------|
| First Republic Bank Los Angeles, CA 90017 | OFC | | Wire transfer fee | \$35.00 |
| Huubin Amee Chew Los Angeles, CA 90029 | | | Reimbursement of costs | \$24.18 |
| AAP Holding Company, Inc. Westlake Village, CA 91361 | PET | | Petition circulating | \$138,937.50 |
| First Republic Bank Los Angeles, CA 90017 | OFC | | Wire transfer fee | \$35.00 |
| The Monaco Group Santa Ana, CA 92705 | PET | | Petition printing | \$7,166.82 |

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

SCHEDULE E (CONT.)

| | | |
|---|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 01/01/2018 | | |
| through 03/31/2018 | | Page 42 of 75 |
| NAME OF FILER Coalition for Affordable Housing. Sponsored by AIDS Healthcare Foundation and ACCE Action. | | I.D. NUMBER 1399958 |

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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|---------------------------|-------------|
| Arielle Sallai Los Angeles, CA 90026 | | | Communications Specialist | \$3,000.00 |
| Arielle Sallai Los Angeles, CA 90026 | | | Reimbursement of costs | \$243.61 |
| Jacob Woocher Los Angeles, CA 90025 | | | Intern Monthly Stipend | \$930.00 |
| The Monaco Group Santa Ana, CA 92705 | PET | | Petition printing | \$7,466.82 |
| Abigail Willis Los Angeles, CA 90019 | | | Intern Monthly Stipend | \$800.00 |

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--|--|---|
| Statement covers period from 01/01/2018 through 03/31/2018 | | CALIFORNIA FORM 460 Page 43 of 75 |
| I.D. NUMBER 1399958 | | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Coalition for Affordable Housing. Sponsored by AIDS Healthcare Foundation and ACCE Action.

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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------------|--------------|
| Joseph Paz Dominguez Alhambra, CA 91803 | | | Intern Monthly Stipend | \$800.00 |
| Kristian James Castro Los Angeles, CA 90018 | | | Intern Monthly Stipend | \$800.00 |
| AAP Holding Company, Inc. Westlake Village, CA 91361 | PET | | Petition circulating | \$141,222.25 |
| First Republic Bank Los Angeles, CA 90017 | OFC | | Wire transfer fee | \$35.00 |
| McCarty Memorial Christian Church Los Angeles, CA 90018 | MTG | | Signature gathering facility | \$400.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|-------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 01/01/2018 | | |
| through 03/31/2018 | | Page 44 of 75 |
| | | I.D. NUMBER 1399958 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Coalition for Affordable Housing. Sponsored by AIDS Healthcare Foundation and ACCE Action.

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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

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|---|------|----|--|--------------|
| Hso Hkam Venice, CA 90291 | TEL | | Video production: Shoot and edit | \$500.00 |
| The Monaco Group Santa Ana, CA 92705 | PET | | Petition printing | \$7,231.82 |
| AAP Holding Company, Inc. Westlake Village, CA 91361 | PET | | Petition circulating | \$123,142.50 |
| First Republic Bank Los Angeles, CA 90017 | OFC | | Wire transfer fee | \$35.00 |
| RS Bus Line Inc. Los Angeles, CA 90001 | | | Transportation to CA Democratic Convention | \$3,450.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|-------------------------|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 01/01/2018 | | |
| through 03/31/2018 | | Page 45 of 75 |
| | | I.D. NUMBER 1399958 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
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|---|------|----|------------------------|-------------|
| Press Print, Inc. Calimesa, CA 92320 | CMP | | T-shirts | \$4,141.91 |
| Press Print, Inc. Calimesa, CA 92320 | CMP | | Buttons | \$2,963.90 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$1,511,568.59

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period
from 01/01/2018
through 03/31/2018

CALIFORNIA
FORM 460

Page 46 of 75

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Coalition for Affordable Housing. Sponsored by AIDS Healthcare Foundation and ACCE Action.

I.D. NUMBER
1399958

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| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|--|-----------------------------------|---|---------------------------------------|---|--|
| AAP Holding Company, Inc. Westlake Village, CA 91361 | PET Petition circulating | \$0.00 | \$125,586.50 | \$0.00 | \$125,586.50 |
| The Monaco Group Santa Ana, CA 92705 | PET Petition printing | \$0.00 | \$7,766.82 | \$0.00 | \$7,766.82 |
| Delia Ayala Los Angeles, CA 90007 | Translation services for meeting | \$0.00 | \$225.00 | \$0.00 | \$225.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTALS

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** \$151,269.88
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** \$0.00
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** \$151,269.88
May be a negative number.

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 01/01/2018
through 03/31/2018

CALIFORNIA FORM 460
Page 47 of 75

NAME OF FILER
Coalition for Affordable Housing. Sponsored by AIDS Healthcare Foundation and ACCE Action.

I.D. NUMBER
1399958

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
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|--|---|---|---------------------------------------|---|--|
| Gabriela Garcia Los Angeles, CA 90007 | Translation services for meeting | \$0.00 | \$225.00 | \$0.00 | \$225.00 |
| The Line Printing Company Chula Vista, CA 91910 | Posterboard for Dem Convention Rally | \$0.00 | \$119.08 | \$0.00 | \$119.08 |
| Kristian James Castro Los Angeles, CA 90018 | Intern Monthly Stipend | \$0.00 | \$1,212.90 | \$0.00 | \$1,212.90 |
| Abigail Willis Los Angeles, CA 90019 | Intern monthly stipend | \$0.00 | \$1,032.26 | \$0.00 | \$1,032.26 |

SUBTOTALS

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
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SCHEDULE F (CONT.)

Statement covers period
from 01/01/2018
through 03/31/2018

CALIFORNIA
FORM **460**

Page 48 of 75

NAME OF FILER
Coalition for Affordable Housing. Sponsored by AIDS Healthcare Foundation and ACCE Action.

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|--|-----------------------------------|---|---------------------------------------|---|--|
| Joseph Paz Dominguez Alhambra, CA 91803 | Intern monthly stipend | \$0.00 | \$800.00 | \$0.00 | \$800.00 |
| Jacob Woocher Los Angeles, CA 90025 | Intern monthly stipend | \$0.00 | \$800.00 | \$0.00 | \$800.00 |
| Ines Merello Gomez Llera Los Angeles, CA 90027 | Translation services for HIA | \$0.00 | \$120.00 | \$0.00 | \$120.00 |
| Huibin Amee Chew Los Angeles, CA 90029 | Monthly fee | \$0.00 | \$5,500.00 | \$0.00 | \$5,500.00 |

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period
from 01/01/2018
through 03/31/2018

**CALIFORNIA
FORM 460**

Page 49 of 75

NAME OF FILER
Coalition for Affordable Housing. Sponsored by AIDS Healthcare Foundation and ACCE Action.

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| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
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|--|---|---|---------------------------------------|---|--|
| Huibin Amee Chew Los Angeles, CA 90029 | Reimbursement of costs | \$0.00 | \$151.61 | \$0.00 | \$151.61 |
| State of California Sacramento, CA 95814 | FIL Filing fee for proponents of Costa-Hawkins Initiative | \$2,000.00 | \$0.00 | \$0.00 | \$2,000.00 |
| Arielle Sallai Los Angeles, CA 90026 | WEB Social media and website maintenance | \$0.00 | \$3,000.00 | \$0.00 | \$3,000.00 |
| Strumwasser & Woocher LLP Los Angeles, CA 90024 | PRO | \$0.00 | \$4,730.71 | \$0.00 | \$4,730.71 |
| SUBTOTALS | | \$2,000.00 | \$151,269.88 | \$0.00 | \$153,269.88 |

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period
from 01/01/2018
through 03/31/2018

CALIFORNIA
FORM **460**

Page 50 of 75

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Coalition for Affordable Housing. Sponsored by AIDS Healthcare Foundation and ACCE Action.

I.D. NUMBER
1399958

NAME OF AGENT OR INDEPENDENT CONTRACTOR

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Attach additional information on appropriately labeled continuation sheets.

TOTAL*

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule H – Loans Made to Others*

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE H

Statement covers period

from 01/01/2018

through 03/31/2018

CALIFORNIA
FORM **460**

Page 51 of 75

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Coalition for Affordable Housing. Sponsored by AIDS Healthcare Foundation and ACCE Action.

I.D. NUMBER
1399958

| FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT LOANED THIS PERIOD | (c) REPAYMENT OR FORGIVENESS THIS PERIOD* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST RECEIVED | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE LOANS TO DATE |
|--|---|---|--|--|---|-----------------------------|--------------------------------------|---------------------------------------|
| | | | | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | | _____ % RATE | | CALENDAR YEAR PER ELECTION** |
| | | | | | DATE DUE | | DATE INCURRED | |
| | | | | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | | _____ % RATE | | CALENDAR YEAR PER ELECTION** |
| | | | | | DATE DUE | | DATE INCURRED | |
| *Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E. | | | SUBTOTALS | | | | | |

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

1. Loans made this period

(Total Column (b) plus unitemized loans less than \$100.)

** If Required

2. Payments received on loans

(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.) **NET**

(Enter the net here and on the Summary Page, Column A, Line 7.)

(May be a negative number)

Schedule I

Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period

from 01/01/2018

through 03/31/2018

CALIFORNIA
FORM 460

Page 52 of 75

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Coalition for Affordable Housing. Sponsored by AIDS Healthcare Foundation and ACCE Action.

I.D. NUMBER

1399958

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|------------------|---|------------------------|-------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$.00

Schedule I Summary

- Increases to cash of \$100 or more this period..... \$.00
- Unitemized increases to cash under \$100 this period..... \$.00
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).)..... \$.00
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)..... **TOTAL** \$.00

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Memo Reference: NON31
in-kind contribution

Memo Reference: NON32
in-kind contribution

Memo Reference: NON33
in-kind contribution

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